STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968771	R 04/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKAGWAY LIVING FACILITY, LLC	**2210 W SKAGWAY AVE TAMPA, FL 33604**

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A revisit to a biennial licensure survey was conducted on at Skagway Living Facility (License # 12613), an assisted living facility in Tampa, Florida. There were deficiencies identified at the time of the survey.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on interview and record review, the facility failed to ensure that one (Resident #1) of one resident records reviewed had accurate documentation of a -to- assessment by a health care provider, reflecting the level of assistance Resident #1 required.

Findings included:

Record review conducted on revealed Resident #1 had a written health assessment dated . The health assessment for Resident #1 indicated Resident #1 did not require assistance with medications and was able to administer medications without assistance.

Record review conducted on revealed staff were signing off on the Medication Observation Records for Resident #1's medications.

An interview with the Administrator was conducted on beginning at 11:27am and revealed the facility staff assist Resident #1 with their medications as Resident #1 is not capable of administering their own medications.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure 1 (Staff B) out of 4 records reviewed contained evidence of an annual negative tuberculous ( ) examination.

Findings Included

Employee record review conducted on revealed Staff B with a date of hire of .

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Staff B's employee record did not contain evidence of an annual negative examination.

An interview with the Administrator was conducted on beginning at 11:27am. The Administrator confirmed missing evidence of an annual negative examination for Staff B.

Class III

0080 - Training - Core & Competency Test - 429.52( ) FS; 58A-5.0191(1) FAC

Based on interview and record review, the facility's administrator failed to meet the training and testing requirements for an administrator of an assisted living facility. The administrator failed to complete the core competency exam within the required timeframe.

Findings included:

Record review of the Administrator's personnel file conducted on revealed there was no documentation showing completion of the core competency exam.

During interview with the Administrator on beginning at 9:24am, the Administrator stated that they had taken the CORE test and were awaiting test results.

An online review of the CORE examination results conducted on revealed the Administrator is not currently listed as having passed the examination.

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on interview and record review, the facility failed to ensure staff received required in-service training within 30 days of employment, for staff who provide direct care to residents for 1 (Staff A) of 4 employee records reviewed.

Findings included:

Employee record review revealed Staff A with a date of hire of did not have proof of control training, elopement response training, emergency preparedness and evacuation training, recognizing and reporting resident , neglect, and , and resident rights training.

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SUMMARY STATEMENT OF DEFICIENCIES
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During interview with the Administrator on beginning at 10:40am, the Administrator confirmed the missing trainings for Staff A.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure staff who are left alone to care for residents received training in First Aid and ( ) for two (Administrator and Staff A) of 4 employee records reviewed.

Findings Included:

Employee record review conducted on revealed there was no and First Aid training on file for the Administrator.

Employee record review conducted on 04/092019 revealed there was no and First Aid training on file for Staff A.

An interview was conducted on at 11:27am with the Administrator and the Administrator confirmed there was no evidence of current and First Aid training for themselves or Staff A. The Administrator confirmed that each staff are alone in the facility with the residents.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and interview, the facility failed to ensure one of four sampled staff (Staff B) who assist residents with self-administration of medication, had required training.

Findings included:

Employee record review conducted on 04/092019 revealed Staff B, date of hire , had completed the required initial four hour training but did not have the required annual two hour update.

An interview was conducted with the Administrator conducted on at 11:27 am and she confirmed she did not have documentation of a two hour update for Staff B and said Staff B assists residents with medication.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure staff received ( ) training on the facility's policiy for 1 (Staff A) of 4 employee records reviewed.

Findings Included:

Employee record review conducted on 04/092019 revealed there was no training on file for Staff A.

An interview was conducted on at 11:27am with the Administrator, the Administrator confirmed there was no training documentation for Staff A.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain an up-to-date Background Screening Clearinghouse (BGS) Roster for three Staff (C, D, E) out of six who provide direct care to the residents in the facility.

Findings Included:

Record review conducted on revealed Staff C with a date of hire of .

Record review conducted on revealed Staff D with date of hire of .

Record review conducted on revealed Staff E with date of hire of .

Record review of the f the Agency for Health Care Administration Clearinghouse Facility Employee Roster on revealed that Staff C, Staff D, and Staff E were not listed on the BGS Roster.

An interview was conducted with the Administrator on at 11:27am. The Administrator confirmed the BGS Roster is not up-to-date and Staff C, Staff D, and Staff E are not on the BGS Roster.

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SUMMARY STATEMENT OF DEFICIENCIES
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Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview, the facility failed to maintain the compliance attestation for 3 (Staff A, Staff B, and Staff C) of 4 employee records reviewed.

Findings Included:

Employee record review conducted on revealed Staff A with a date of hire of and there was no compliance attestation in the employee record.

Employee record review conducted on revealed Staff B with a date of hire of and there was no compliance attestation in the employee record.

Employee record review conducted on revealed Staff C with a date of hire of and there was no compliance attestation in the employee record.

Interview conducted on beginning at 11:27am with the Administrator confirmed there were no compliance attestations in Staff A, Staff B or Staff C's employee records.

Unclassified